



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH

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Olympia, Washington 98504-7990*

DRAFT Minutes of the State Board of Health
March 14, 2001

A meeting of the Washington State Board of Health (SBOH) was held at the AmeriTel Inn in Olympia, Washington. The public meeting of the SBOH was called to order by Linda Lake, Chair, at 9:05 a.m. who addressed the attendees with the following statement:

“This is a public meeting of the SBOH held under provision of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Olympia office and on the Board’s Web site at www.doh.wa.gov/sboh. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Heather Boe, Desiree Robinson, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

The following Board members were present:

Linda Lake, Chair
The Honorable Neva J. Corkrum, Vice Chair
Thomas H. Locke, MD, MPH
Vickie Ybarra, RN, MPH

Charles R. Chu, DPM
Ed Gray, MD
Carl S. Osaki, RS, MSPH
Maxine Hayes (Secretary’s designee)

The following Board members were absent:

Joe Finkbonner, MHA
Mary Selecky, Secretary, Department of Health

The Honorable Margaret Pageler, JD

State Board of Health Staff present:

Don Sloma, Executive Director
Janice Englehart, Senior Health Policy Advisor
Craig McLaughlin, Senior Health Policy Manager
Melissa Burke-Caine, Assistant Attorney General

Heather Boe, Executive Assistant
Doreen Garcia, Senior Health Policy Advisor
Desiree Robinson, Office Assistant Senior

Guests and Other Participants:

Laura Altschul, Voice Stream Wireless
R.W. Auber, Citizen
Cindy Bricker, Thurston County Commissioner
Candy Castle, A T & T Wireless
Connie Clark, Health Care Authority
Carroll Cobbs, Citizen
David Cundiff, MD, Department of Social and Health Services, Medical Assistance Administration
Jac Davies, Department of Health, Assistant Secretary
Diane Dondero, Citizen
David Fichtenberg, Washington Council for Safe Wireless Telecommunications and Ad Hoc Assoc.
Richard Jackman, Resist the List
Bill Hagens, Office of the Insurance Commissioner
Patty Hayes, Department of Health, Director, Policy, Legislative, and Constituent Relations
Ken Hilde, Wyeth Lederle Vaccines
Russel Holzinger, Citizen
Peter Lombardi, Citizen
Shelley Lucas, Citizen
Judy Maier, Office of the Superintendent for Public Instruction
Barbara Mauer, MCPP Health Care Consulting
Kelan Moynagh, Citizen
Raymond C. Newby, Citizen
Kim Nguyen, Lifelong AIDS Alliance
Del Parkinson, EMR Network
Jim Patterson, Five-Star Environmental
Jennell Prentice, Department of Health
Alonzo Plough, Public Health Seattle and King County, Director and Health Officer
Nancy Reed, Department of Health, Maternal & Child Health
Marcia Riggers, Office of the Superintendent for Public Instruction
Don Sage, Five-Star Environmental
Rita Schmidt, Department of Health, Maternal & Child Health
Bruce Shaull, Sprint
Michael Shrier, Citizen
Jennifer Tebaldi, Department of Health
Kathy Tekolste, University of Washington
David Thatcher, Department of Health
Paul Tretter, Citizen
Lyn Quayle, Citizen
John Whitbeck, Department of Health, Center for Health Statistics
Margaret Wilson, Department of Social and Health Services, Medical Assistance Administration

Mike Wright, Citizen

APPROVAL OF AGENDA

- *Motion: To approve the March 14, 2001 agenda as submitted.
Approved without objection.*

ADOPTION OF JANUARY 10, 2001 MEETING MINUTES

- *Motion: To approve the January 10, 2001 minutes as submitted.
Motion/Second: Locke/Corkrum the motion passed unanimously.*

BOARD PRIORITY HEALTH ISSUE: CHILDREN'S HEALTH AND WELL BEING – CHILDREN'S CHECK-UP UPDATE

Board Member Vickie Ybarra, RN, MPH, reminded the Board about the landmark discussion at the January meeting, when Secretary Dennis Braddock (DSHS), Superintendent Terry Bergeson ((OSPI), Secretary Mary Selecky (DOH) and Chair Linda Lake discussed how the agencies' common agendas and priorities fit with the goal of increasing receipt of clinical preventive services for children. At that time, the agency heads agreed to work in collaboration to assess the number of children receiving well child checkups prior to school entry. Ms. Ybarra acknowledged the challenges of working collaboratively and expressed the hope that each partner has a commitment to getting a meaningful collaborative assessment done despite the hard work involved.

Board staff Doreen Garcia reported on current work with SBOH, DSHS, DOH, OSPI and the Office of the Insurance Commissioner (OIC). Four local health jurisdictions have agreed to participate: Public Health: Seattle-King County, Jefferson County Health Department, Spokane Health District, and Yakima Health Department. The focus is on what is now being called "well-child check-ups" for children ready to enter kindergarten. Several issues need to be resolved by the partners:

1. How to get information to parents in May.
2. How to communicate with parents again in summer when they parents get enrollment packets.
3. How to encourage parent to get well-child checkups during the first several months of school if they don't have them before they start school.
4. How will we verify child has checkup—parent self-reporting or practitioner verification?
5. What information or elements will we ask them to identify? The Board's approved list is enormous so we are trying to figure out a simple form.
6. How to analyze the information (an option is working with DSHS and coordinating with EPSDT data collection).
7. What resources we will provide to parents and what resources they already have in their community.

Alonzo Plough, PhD, MPH, Public Health: Seattle-King County Director and Health Officer, discussed the role of local health jurisdictions in the assessment and how the local health jurisdictions' efforts would differ to make this approach operate effectively. The assessment is timely in Seattle and King County because they have been working for around five years with King County Health Action Plan to maximize prevention opportunities. One effort is to make sure kids are enrolled in health coverage plans and now the push is to make sure they are receiving care. It is a time-intensive and resource-intensive process to get families enrolled, and then health officials have no idea whether the kids got care and how comprehensive it was. Last year, they began working on the Kids Get Care program, which is based on the notion that children have a right to—and the delivery

system has an obligation to provide—a preventive services package. In King county, 17,000 children are eligible but not enrolled in Medicaid. There are 13,000 children not eligible for any health care coverage. The missing piece in this effort was sanctioned and codified listing of preventive services, and now the board has provided that major piece of information. Now the question is how to package this as actual services that providers would deliver. Dr. Plough plans to create a pilot study in urban, rural, and suburban areas of the county to measure whether young kids are getting these services starting prior to kindergarten (kindergarten is good, but young children in childcare is even better. He stated that Sea-King would work with the Board and others to develop a survey approach and link what parents may know with some validation from provider.

Ms. Garcia spoke on behalf of Roxie Schalliol, special assistant to Secretary Braddock (DSHS) who is supportive and wants to contribute any resources needed, especially data analysis. DSHS believes this needs to be a multi-agency effort. Marcia Riggers, Director of Learning and Teaching Support for OSPI said OSPI understands the powerful relationship between health and successful learning, but does not have the expertise to conduct assessment alone. Parents in selected schools would be asked to take a form to their provider and bring it back signed. School nurses and health-care providers would play an important role. OSPI is concerned about the short timeline without creating undo stress for the schools.

Bill Hagens, Deputy Commissioner for Policy at the Office of the Insurance Commissioner (OIC), extended greetings from Commissioner Mike Kreidler and stated that OIC wants to participate in this effort and might be able to help identify the number of children covered by insurance, identify which insurance carriers provide the services on the Board's list, or assist with education and outreach.

Jac Davies, Assistant Secretary for Epidemiology, Center for Health Statistics & Public Health Lab, DOH, told the Board that DOH is looking forward to working with all the partners and the Board on this effort. DOH is willing to offer technical expertise on: the design of this study, necessary work to be done up front, and the final product so it can be used effectively. She said there needs to be lots of upfront joint planning so information is collected in a useful format, all groups collect a base level of information, and data is compatible across the four counties.

The Board acknowledged the support and action underway. Recognizing concern for the short timeframe, Ms. Ybarra suggested amending her proposed recommendation to extend the deadline for the final assessment until January 2002 and to call for an interim report in fall 2001.

- ***Motion: The Board should continue to oversee and coordinate joint efforts among OSPI, DSHS, DOH, willing local health jurisdictions, and other willing agencies and organizations to assess the number of children receiving well child exams by kindergarten entry. The Board will receive the results of this assessment by January 2002, with interim results reported in fall 2001, and intends to make the results available to interested persons.***
Motion/Second: Ybarra/Corkrum. The motion passed unanimously.

BOARD PRIORITY HEALTH ISSUE: CHILDREN'S HEALTH AND WELL BEING – CR-101 **INTENT TO MODIFY RULES**

Ms. Ybarra, provided a brief explanation of a variety of rules concerning children's health and asked the Board for official permission to open each of these rules for review. Doreen Garcia explained that the Administrative Procedures Act requires a four-year review and explained that filing a CR-101 announces that a rule will be reviewed, but that it will be changed.

a) WAC 246-680: Prenatal Screening Rules/CR-101

Ms. Garcia explained that the Board has statutory authority to set standards for prenatal screening for heritable and congenital disorders. If an insurer covers prenatal care or obstetrical services, they must offer the tests required by the rule and providers/insurers must give patients information about the tests. The woman chooses whether to have the tests. DOH determines appropriate laboratory tests.

- ***Motion: The Washington State Board of Health directs the Executive Director to file a CR-101 announcing the Board's intention to review WAC 246-680 to determine any necessary changes in standards for prenatal procedures used to identify heritable and genetic disorders prior to birth. Motion/Second: Ybarra/Osaki. No discussion. The motion passed unanimously.***

b) WAC 246-650: Newborn Screening Rules/CR-101

Ms. Garcia explained that the Board is responsible under statute to adopt rules and regulations governing newborn screening. Current rule identifies four disorders that must be screened for in newborns—phenylketonuria (PKU), congenital hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia. This rule has been reviewed in the past four years however, DOH brought to staff's attention that Washington is the only state to screen for only these four disorders. Since there are now tests to screen for many other disorders, there is a need to examine whether to require other tests.

- ***Motion: The Washington State Board of Health directs the Executive Director to file a CR-101 announcing the Board's intention to review WAC 246-650 to consider amending the newborn screening rule to include which, if any, additional disorders should be included in the mandatory dried blood spot screening. Motion/Second: Ybarra/Hayes. No discussion. The motion passed unanimously.***

c) WAC 246-760: Visual and Auditory Rules

Ms. Garcia provided a brief status report on review of this rule. The current rule requires that children receive five visual and auditory screenings in school at specified grades. A study is underway by DOH and OSPI to assess whether screenings are most effective in the current grades required. Information is being collected and should be analyzed this spring. The nationally recommend standard is o at least screen between ages three or four.

d) WAC 246-762: Scoliosis Rules/RCW 28A210.220

Ms. Garcia explained that a CR-101 is already filed. In statute, the Board is required to have screenings done three different times so any change to this rule would require that the statute be amended so it does not specify the number of times children must be screened. Any work regarding recommendation will be done with the DOH and OSPI.

- ***Motion: Based on review of WAC 246-762, the Washington State Board of Health will consider whether to propose a change to RCW 28A.210.220 to make the statute less specific regarding the number of times children should be screened and the grades that screening should occur Motion/Second: Ybarra/Corkrum. The motion passed unanimously.***

e) WAC 246-491: Vital Statistics Rules/CR-101

Ms. Garcia said this rule must be reviewed by end of the year. It incorporates federal standards and those federal standards are changing for the first time in 11 or 12 years. Thomas H. Locke, MD, MPH, suggested a friendly amendment to say that that rule revision would make it more likely certificates will be completed “accurately,” not just completed.

- ***Motion:*** *The Board of Health directs the Executive Director to file a CR-101 announcing the Board’s intention to review and revise WAC 246-491 to make necessary changes to birth and death certificates. The rule will be revised in order to comply with new federal standards, to assure needed data elements are collected for policy analysis, and to make the certificates likely to be completed accurately by those that fill them out.*

Motion/Second: *Ybarra/Hayes.* *The motion passed unanimously.*

HIV COUNSELING AND TESTING STANDARDS, WAC 246-100, CR-101 INTENT TO MODIFY RULES

Don Sloma, Executive Director and Board member Dr. Locke stated their request for the Board to authorize a CR -101. Mr. Sloma stated that the rule under consideration pertains to modification of regulatory standards for AIDS counseling, pretest counseling and post-test counseling. The Board rule is specific to pretest counseling and post-test counseling. It was written when HIV was very new and roots of transmission poorly understood and there was no treatment. He stated that there is strong support to look at the rule broadly. We are now able to reduce the risk of transmission from mother to newborn child, but only if we know when the mother is HIV-infected. There is a push to simplify pretest counseling, with support from the CDC and WSMA. Other groups are looking at all aspects of HIV testing policy. A current Senate bill would set up a task force comprised of a broad range of people who would look comprehensively at AIDS services. AIDS Net Council is in the midst of a review. The law now says there will be pre and post-test counseling, but SBOH is responsible for defining precisely what that means.

John Peppert of the Department of Health said the DOH proposal is to examine rules and regulations related to testing of pregnant women. After some discussion, Dr. Locke made the following motion:

- ***Motion:*** *The Board’s Executive Director shall issue a CR-101 announcing the Board’s intention to consider modifications to WAC 246-100 as that Chapter describes standards for AIDS counseling, pretest counseling, and post test counseling associated with HIV testing.*

Motion/Second: *Locke/Gray.* *The motion passed unanimously.*

OVERVIEW: THE WASHINGTON DEPARTMENT OF ECOLOGY'S PROPOSED STRATEGY ON PERSISTENT BIOACCUMULATIVE TOXIC CHEMICALS

Janice Englehart, State Board of Health Staff, introduced Bill Backous from the Department of Ecology (DOE) and Harriet Ammann, a Toxicologist from the Department of Health’s Office of Environmental Health Assessments. Mr. Backous provided an overview of DOE’s proposed strategy to reduce the amount of persistent bioaccumulative toxins (PBTs) in the environment. This strategy was developed with input from many state and local agencies, and members of the public. The strategy takes an integrated approach—looking at pollution from air, land and water. PBTs are a group of compounds that remain in the environment for long time,

build up in animal tissues and have adverse effects on living animals. They migrate between air, water and land and travel long distances. (For more information, see Power Point presentation).

Ms. Amman provided an overview of the health consequences associated with exposure to PBTs. Traditionally her work has focused on evaluating the potency of a pollutant and its concentration in the environment. Interventions have traditionally sought to minimize point source emissions and have relied on environmental dilution as a solution. Dilution is not always effective because some substances (like PBTs) do not break down. She elaborated, using the example of DDT to illustrate the global nature of the problem. She explained that DDT continues to be found in fish even though it has been banned for 20 or 30 years. DDT is still used for insect control in subtropical countries. It deposits with precipitation in other parts of the world and is taken up by plants and animals. Persistent compounds are stored in the tissue of organisms. Their concentration actually increases as they pass through the food chain. This is why PBTs pose such a serious health threat. There may be low concentrations at end of the pipe, but a higher concentrations may be found in fish that humans are consuming.

Stressing the global nature of this problem and the need for global solutions, Dr. Hayes asked whether there are other entities that the Board can communicate with on this issue. Ms. Ammann responded that the solution requires both global and local attention and provided a few examples. Locally, she offered that we could safely dispose of fluorescent lights. She added that there are efforts to reduce the amount of mercury in medical equipment and that the U.S. Environmental Protection Agency is working on a national PBT strategy. On an international scale, she commented on the need to evaluate the toxicity of the chemical substitutes that are being proposed as replacements. Mr. Backous commented on problem of finding safe substitutes (e.g. plastics for mercury-containing dental amalgam).

Dr. Locke said the Board can focus on two areas: (1) lending its support to get legislative backing for Ecology's proposed strategy, and (2) using its role as a convener of public forums to promote public education about this issue. He commented that in Port Angeles, he has observed much misinformation about dioxin in relation to a landfill closure. He said that the Board could weigh in at critical times and support Ecology's public information efforts.

UPDATE ON THE PUBLIC HEALTH EFFECTS FROM WIRELESS TELEPHONES AND TELECOMMUNICATION FACILITIES

Ms. Englehart, State Board of Health Staff, provided an update on the public health effects from wireless telephones and telecommunication facilities. Her presentation is summarized in the memorandum and supporting materials presented to the Board under Tab 8. Patti Waller, Epidemiologist from DOH and Drew Thatcher, Certified Health Physicist from DOH were also present to respond to Board questions. Chair Lake reminded the Board that this issue has been raised because of public testimony at the November 2000 Board meeting. Ed Gray, MD, requested that the recommendation be broadened beyond exposure to RF radiation. Following public testimony, which occurred before the close of the meeting, Chair Lake suggested that the Board defer any action on this item until it has had an opportunity to reflect on the testimony provided.

UPDATE ON FOOD SAFETY IN ADULT FAMILY HOMES

Carl Osaki, RS, MSPH, updated the Board on the status of Substitute House Bill 1320, noting that the Board, DOH, and DSHS have been working with the sponsoring legislators to try and propose an amendment that all could agree upon. He explained that section 9 of SHB 1320 would exempt adult family home workers from food worker cards, but would require DSHS to include the Board required food handler training in its already existing training for Adult Family Home workers.

- ***Motion: The Board will receive a report from DOH and DSHS by September 2001 regarding the progress of the joint agency food handling training for adult family homes to determine equivalency with requirements for food handler permits.***
Motion/Second: Osaki/Locke. The motion passed unanimously.

BOARD PRIORITY HEALTH ISSUE: PUBLIC HEALTH SYSTEMS IMPROVEMENT – CRITICAL SERVICES MEASUREMENT

Ms. Barbara Mauer provided final results from the report MCPP has done for the Board. (See Tab 10.) She described the importance of measurement, however she stressed the importance of measuring over time once a baseline is established. She cited the recommendations from the new Institute of Medicine report, "Crossing the Quality Chasm: A New Health System for the 21st Century." She reviewed other recommendations found in MCPP's final report to the Board, "Measurement of Access to Critical Health Services and Children's Clinical Preventive Services."

- ***No action recommended.***

SBOH LEGISLATIVE UPDATE

Craig McLaughlin, Board staff member provided an update on the activities of the Board during the 2001 legislative session. Board's activities during session have been consistent with its approved policy. Senator Thibaudeau encouraged the Board to be active during session by communicating Board positions to the Legislature when appropriate. See Tab 11 the memo regarding session activities.

- ***No action recommended.***

DEPARTMENT OF HEALTH (DOH) UPDATE AND DOH LEGISLATIVE UPDATE

Secretary Selecky, Department of Health, provided an update on DOH activities and Patty Hayes summarized DOH positions on pending legislation.

- ***No action recommended.***

SBOH STAFF ANNOUNCEMENTS AND OTHER BOARD BUSINESS

Executive Director Don Sloma provided an overview of the "FYT" materials attached to the Board Meeting Agenda and gave an update of staff. He updated the Board on state budget shortfalls: about \$300 million or more and discussed the board's involvement on the Governor's Sub-Cabinet on Health. The Board's recommended menu of critical health services may be helpful in the discussion of what public health benefits of services might be. Mr. Sloma reminded the Board that five members have terms up this summer: Linda Lake,

Tom Locke, Carl Osaki, Vickie Ybarra, and Joe Finkbonner. He then reviewed the policies below for Board approval.

- a) **Policy #002:** Payment by the Washington State Board of Health for Conference Sponsorships, Conference Registrations, Related Travel Expenses and Professional Association Memberships for Board Members and Staff -- *approved unanimously*
- b) **Policy #003:** Travel and Transportation – *approved with the following amendment: staff to seek permission from the state to make most cost-effective travel and transportation arrangements.*
- c) **Policy #004:** Letters of Support – *approved as amended-insert language that ” at the Chair’s discretion as to whether the letter is signed or referred to the entire Board at it s next meeting*

OPEN PERIOD TO TAKE PUBLIC TESTIMONY ON ANY HEALTH ISSUE

Delbert Parkinson provided testimony regarding his concerns related to cancer and the human health effects from exposure to cell tower emissions. Mr. Parkinson provided a summary of his presentation in written form. He encouraged the Board members to contact him following their review of his material.

Candy Castle representing AT& T distributed written comments and other reference material to the Board. She challenged particular comments made by Board staff during the earlier presentation. She stated that the evidence does not support any connection between RF exposure and adverse health effects, making a recommendation to restrict children’s use of cell phones unwarranted. On the issue of cell phone use and driving, she stated that industry asked the Harvard Center for Risk Analysis to look into this issue. She reported that they found cell phones to present no greater risk to injury than other factors such as having a small car on the road. She also spoke to the benefits of cell phone use in cars, especially in cases of emergencies. She further challenged Board staff’s recommendation to restrict cell phone use in hospitals by minimizing any problems with frequency interference and sensitive hospital equipment. She elaborated on new wireless charting equipment and the benefits she perceives that doctors are finding with cell phone use in the hospitals. She added that consumer information is available through the Federal Drug Administration and that the World Health Organization has generated a significant database of information for the public’s reference

Bruce Shaul from Sprint Wireless commented on the use of wireless phones while driving. He stated that the real causal factor is inattentive driving and not cell phone use. He noted the importance of using cellular phones for emergency purposes.

Laura Altschul from Voice Stream Wireless expressed her interest in working with the Board on this issue. She challenged the Board staff’s recommendation to improve the quality of public participation in the siting of base stations. She commented that local governments are responsible for this process and added that industry is already working with them. She stated that industry takes a very serious role in helping local government to write ordinances that effect siting decisions. She also stressed the need to move forward with communication that has a positive, rather than a negative spin.

Maxine Hayes asked Ms. Castle if she has any research that is independent of the industry. Ms. Castle stated that none of the research was conducted by industry although it was funded by industry.

Ms. Englehart reported that she received a message from Mr. Mike Gallagher from Verizon Wireless who intends to submit written comments to the Board on this issue.

Kelan Moynagh commented on the DOH position paper, stating that the findings reported at the end of that paper do not reflect the summary of the literature presented in the earlier part of the paper. Quoting from the DOH position paper, he argued that currently acceptable exposure levels do present a danger to the public.

David Fichtenberg, emphasizing the importance of this issue, stated that with millions of people using cellular technology, the health care community should be paying attention. While acknowledging the abundant and complex literature available on the topic, he urged the Board to understand the facts before making any decision to act. He expressed his surprise that some of the statements made by DOH staff actually conflicted with the findings in the British report. For example, he noted that Mr. Thatcher from DOH suggested that there are no thermal effects. Referencing specific research (Dr. Lai and others), Mr. Fichtenberg argued that there is literature available to suggest that non-thermal effects could exist. He complained that he did not feel that Board staff looked at the material he presented during the November meeting. He concluded by encouraging the Board and DOH to look into what other state and local governments are doing in this area.

Mike Wright encouraged the Board to reconsider the Board staff's recommendation for children under 16 to minimize their cell phone use. He challenged Mr. Thatcher's comments on FCC standards and adverse thermal effects and Mr. Thatcher's comparison of microwave emissions to TV broadcast frequencies. He provided the Board with a thorough written summary of his comments.

Russel Holzinger expressed his interest in the concept of innocent until proven guilty. He asked the Board to question the motives of those presenting information. He posed that industry may have a financial interest in this issue, whereas the Board must take an interest in the public's health.

Jim Patterson, CEO of Five Star Environmental and his Office Manager, Don Sage expressed concerns related to the wastewater treatment program at DOH. Mr. Patterson provided an overview of on-site wastewater systems in Washington State, noting the public health concerns associated with these failing systems. He complained that the Wastewater Rules Advisory Committee, convened by DOH may not include adequate industry representation, and may not have the appropriate focus. He continued that the On-site Program Manager might not have adequate expertise to run the program. Mr. Patterson described several problem areas in the field. He suggested that the Board seek credible input on the rules review process.

Diane Dondero asked the Board for a moratorium on cell tower building. She stressed the need for the Board to take action to protect the health of the people and asked that the Board look at unbiased information. She submitted written record of her testimony.

Raymond Newby stated that he was thrilled to know that he stands before a Board that will listen to citizens. He stated that he would challenge the Board to set this as an important priority for its future work. He recommended that the Board investigate how many contributions the telecommunications industry has made to the National Cancer Institute.

Carroll Cobbs provided the Board with written testimony and two videotapes for the Board's reference. He acknowledged that the studies are inconclusive, but suggested there is concern that radio frequency exposure could affect cognitive functioning and a person's ability to quickly respond to stimuli. As one of the Board's recommendations, he suggested that the Board consider requiring a much more thorough background and radiation test for each siting. He added that the public does not have a very good understanding of non-ionizing radiation. He added that the Board would be remiss to conclude that the many federal agencies are in agreement on the findings from various health studies. He stated that he believes the industry is out of control and challenged the Board to take this issue seriously.

ADJOURNMENT

The meeting was adjourned at 4:45 pm.